

Unley Early Learning Centre Enrolment Form

CHILD

Family Name: _____ Child's Given Name: _____

Date of Birth: ____/____/____ Sex: M / F

Primary Language spoken at home: _____

ENROLLING PARENT / GUARDIAN

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

Occupation: _____

Work Address: _____

Email address: _____

Family Assistant Office Details

Child CRN Number: _____

Customer Reference Number: _____

Enrolling parent Date of Birth: _____

(This information is required to claim for subsidy. If we do not have this information, you will be required to pay full fee)

OTHER ENROLLING PARENT / GUARDIAN (If applicable)

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

Occupation: _____

Work Address: _____

Email address: _____

Would you like your newsletters emailed to you: YES NO

Which email address: _____

Who has Legal Custody of this child?

Both Parents: _____ Mother: _____ Father: _____ Other: _____

Please supply the centre with copies of any legal documents relating to custody. E.g. Court Orders etc.

PARENTS REGISTRATION AGREEMENT

Child's Name: _____

Day's of Attendance: _____

I/We acknowledge that the acceptance of my/our child for admission to child care offered by UNLEY EARLY LEARNING CENTRE is subject to the following:

1. I/We give authority for my child to be photographed for part of the centers programme or advent. Permission is also granted for photo's to be displayed within the centre and to be given to other children in their look how I've grown book. (Group photos)
2. I / we give Unley Early Learning centre Permission to look thru our child's hair, for signs of head lice.
3. I/We give authority for the name and / or photograph of my child to be published by the media in circumstances which the director/ coordinator considers appropriate. E.G. Early childhood magazine. (We would ring and notify you before any photo's will be taken)
4. I/We give authority for the name of my child to be given to other early childhood agencies where the director considers that appropriate. E.G. CAFHS, schools, school dental clinic.
5. I/We understand that a fee will be charged for children left at the centre after 6.30pm. Where a child care staff member considers it necessary to obtain immediate medical, dental or hospital attention, I/We hereby give my/our permission for the staff to arrange for my/our child to receive such attention. This includes calling an ambulance or taking the child to the nearest doctors / dentist if I/We, then our emergency contacts are not available.
6. I/We fully understand the center's fee structure. I/We the parents/guardians of the child enrolled agree to remain liable for any reasonable expenses, costs and or disbursements including solicitors and mercantile agents fee, incurred by UNLEY EARLY LEARNING CENTRE in recovering ant outstanding money or unpaid fees owing by us, or in enforcing the right or UNLEY EARLY LEARNING CENTRE to recover said money or fees.
7. Enrolment and continued use of UNLEY EARLY LEARNING CENTRE is at the discretion of the management who retain the right to reallocate any place at the centre at 1 weeks notice or immediately in cases where in the opinion of management the continued presence of a particular family or child at the centre id detrimental to UNLEY EARLY LEARNING CENTRE or any child within the centre.
8. I / we give permission for staff at Unley Early Learning Centre to apply sun cream, bepanthem, Zinc, or any other health products including administering first aid to my child following the Unley Early Learning Centre policy and procedure. Permission is also granted to use Milton's solution for sterilizing as required

I/We certify that the information entered upon this form is true, to the best of my/our knowledge. I/We undertake to inform the centre of any of these details change.

Parent / Guardians Names: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

EMERGENCY CONTACTS / PERSON AUTHORISED TO COLLECT CHILD

(1)

Name: _____

Relationship to child: _____

Residential Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

(2)

Name: _____

Relationship to child: _____

Residential Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

OTHER PERSON AUTHORISED TO COLLECT CHILD (If applicable)

(1)

Name: _____

Relationship to child: _____

Residential Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

(2)

Name: _____

Relationship to child: _____

Residential Address: _____

Home Phone: _____ Wk Phone: _____ Mobile: _____

Please note that we will NOT allow any person other than those listed above, to collect your child, unless proper notification is received from you in writing and signed on that particular day.

Signed: _____ Date: _____

Signed: _____ Date: _____

(Parents or Legal Guardian's Signatures)

MEDICAL AND HEALTH INFORMATION

Has the child received the following immunizations? (Please Tick)

Some are not on the immunization register.

| Vaccination | AGE | | | | | | |
|--------------------------------------|-----|-----|-----|-----|------|------|-----|
| | 0 | 2 M | 4 M | 6 M | 12 M | 18 M | 4 Y |
| 23vPCV-Pneumococcal | | | | | | | |
| 7vPCV—Pneumococcal | | | | | | | |
| DTPa—Diphtheria, Tetanus, Pertussis. | | | | | | | |
| Hepatitis B | | | | | | | |
| Hib | | | | | | | |
| IPV—Polio | | | | | | | |
| MenCCV—Meningococcal C | | | | | | | |
| MMR—Measles, Mumps, Rubella | | | | | | | |
| OPV | | | | | | | |
| Rotavirus | | | | | | | |
| VZV—Chicken Pox | | | | | | | |

Other Immunizations / Vaccinations:

Has your child had any of the following infectious diseases:

German Measles: _____ Chicken Pox: _____ Measles: _____

Whooping Cough: _____ Mumps: _____ Other: _____

Any serious illness or hospitalization?

Any Disabilities?

MEDICAL AND HEALTH INFORMATION Continued

Has your child had a convulsion with a high temperature? If so, when?

Any Known Allergies? (Food, Insect bites, medication etc.)

Does your child have Asthma? If so is medication required to be present at all times?

Is your child taking any medications constantly? _____
If so, when and what for? _____

******Please see staff to obtain action plans for any medical condition.******

Child's / Family Doctor: _____ Phone: _____

Address: _____

Surgery hours: _____

Private Health Insurance Company: _____

Insurance Number: _____

Ambulance Number: _____

Medicare Number: _____

OTHER INFORMATION

Language spoken at home: _____

Ethnic origin of: Mother: _____ Father: _____

Names of brothers and sisters:

1. Name: _____ Sex: _____ Age: _____

2. Name: _____ Sex: _____ Age: _____

3. Name: _____ Sex: _____ Age: _____

4. Name: _____ Sex: _____ Age: _____

How did you hear about our centre?

I/We _____ (Parents/Guardians names)

Have completed this enrolment form to the best of my/our knowledge.

Signed: _____ Date: _____

Signed: _____ Date: _____